

CLAIMS ONLY						Application Number <i>101717406</i>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/					51						
2		/				52						
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44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	<i>4</i>						Total Indep					
Total Depend	<i>18</i>						Total Depend					
Total Claims	<i>22</i>						Total Claims					